



## COMVAQWINGPAC FOD PREVENTION AWARENESS TRAINING

Regardless of rank or experience level this training will be initiated during indoctrination to a new squadron/work center. Previous FOD Prevention Awareness Training is not valid. Verification of completed training rests with the work center supervisor.

1. SQUADRON NAMP INDOCTRINATION:  
PROGRAM MANAGER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

2. FOD PREVENTION PROGRAM ORGANIZATION:

a. BRIEFLY DISCUSS THE CONTENT OF THE FOLLOWING:

(1) OPNAVINST 4790.2G, Vol. 5, chapter 12      Supervisor sign \_\_\_\_\_ Date: \_\_\_\_\_

(2) COMVAQWINGPAC FOD Prevention  
Program NAMP SOP Addendum      Supervisor sign \_\_\_\_\_ Date: \_\_\_\_\_

3. SPECIAL PROGRAMS:

a. DISCUSS THE FOLLOWING PROGRAMS AS THEY RELATE TO THE FOD Prevention Program:

(1) Tool Control Program	Supervisor sign _____	Date: _____
(2) Fastener Control	Supervisor sign _____	Date: _____
(3) FOD WALKDOWN	Supervisor sign _____	Date: _____

4. FOD PREVENTION AWARENESS TRAINING COMPLETION:

Work center supervisor verifies that Trainee has completed required training and demonstrated satisfactory knowledge of FOD Prevention Awareness:

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(DIVISION CPO)

NOTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(DIVISION OFFICER)

NOTED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(FOD PROGRAM MANAGER)

NAME: \_\_\_\_\_ RATE/RANK: \_\_\_\_\_ SQUADRON: \_\_\_\_\_